

Some thoughts on working psychodynamically across culture, both in the external world and between the internal and external.

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In this paper I think about three young people, two of whom were asylum seekers when I met them and one whose family had gained refugee status some years previously.

The work with the first two patients was especially difficult, as it involved liaising with lawyers, Immigration, Social Services etc. Their lives would have been at stake had they been returned to their own countries. I felt it was important to stay rooted in psychoanalytic thinking, yet at the same time it was imperative to be aware of their cultures, which were very different from my own and help with their urgent external realities.

The first patient, a young Ethiopian man, was someone who spoke almost no English when he was first referred to me. I worked with my counter transference and tried to contain his acute distress with my tone of voice, in the hope that he experienced my struggle to understand his communications. I felt that he survived his experiences because in his internal world he had good helpful internal parental objects.

The second patient from Kosovo was a girl who, at the age of ten, had witnessed her friend's rape and murder and escaped from the same fate. She had a less robust internal world and suffered from a more tormenting destructive super-ego, which she then projected into the external world, experiencing it in the behaviour of Immigration officers towards her and her family. Her mental health was precarious and though she spoke perfect English, she was much less emotionally accessible than the first patient.

My final patient was from Somalia, and someone I only saw three times over a period of six months. She had refugee status, so was in no danger of deportation. However, her psychotic breakdown was, I think in part, linked with her difficulties in living in two very different cultures; one, a very orthodox Muslim one at home, and another, as an East London adolescent world she met at school. I think she was also drawn to a perverse sexuality but her cultural position made it too difficult for her to safely explore this in psychotherapy and I felt her solution was to fly into psychosis.

I think these latter two patients had fragile parents in both their internal and external worlds which made psychic survival especially difficult for them.

These three patients in very different ways have challenged my capacity to remain rooted in psychoanalytic thinking whilst equally working with their survival in the external world, and remaining sensitive to their different cultures. Working across culture therefore for me also means working between the cultures of the internal and external worlds.

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